



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<b>1. Committee I.D. Number</b> <u>137956</u>		<b>3. This Statement covers From:</b> <u>8-23-11</u> to <u>10-23-2011</u>	
<b>2. Committee Name</b> <u>Friends of Carolyn Kurkowski Mocer</u>		<b>4. Candidate Last Name</b> <u>Mocer</u> <b>First Name</b> <u>Carolyn</u> <b>M.I.</b> <u>A</u> <b>4a. Office Sought Including District # or Community Served (If applicable)</b> <u>Treasurer</u>	
<b>5. Committee's Mailing Address</b> <u>8634 Edna</u> <u>Warren, MI 48093</u>  <b>Area Code and Phone</b> <u>586-573-2479</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		<b>4b. County of Residence</b> <u>Macomb</u>  <b>6. Treasurer's Name &amp; Residential Address</b> <u>Same</u>  <b>Area Code &amp; Phone</b> _____	
<b>7. Treasurer's Business Address</b> <u>One City Square</u> <u>Suite 200</u> <u>Warren, MI 48093</u>  <b>Area Code and Phone</b> <u>586-574-4539</u>		<b>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</b>  <b>Area Code and Phone</b> _____	

FILED  
 11 OCT 28 PM 4:47  
 CARROLL A. SABAUGH  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11-8-11

9c. ☐ Annual Statement (\_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Carolyn Kurkowski Mocer Carolyn Kurkowski Mocer Date Oct 23, 2011  
 Designated Record keeper \_\_\_\_\_  
 Type or Print Name Signature

Candidate Carolyn Kurkowski Mocer Carolyn Kurkowski Mocer Date Oct 23, 2011  
 Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Moceris

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,195.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>100.00</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,295.00</u>	(22.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(23.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(24.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,231.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>327.36</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,558.57</u>	
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>16,550.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,416.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,295.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ _____	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,558.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,153.09</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137956

2. Committee Name

Carolyn Kurkowski Mocerri

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1

PAC Receipt?

☐ YES

4. Date of Receipt

9.26.11

Name & Address:

Judy Buchholtz  
22332 Cyman  
Warren, MI 48091

\$ 50.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

9.22.11

Name & Address

Mary Kudla  
30232 Austin  
Warren, MI 48092

\$ 100.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

9.22.11

Name & Address:

Ralph MacCarone  
13421 Basilisco Chase  
Shelby Twp. 48315

\$ 50.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

PAC Receipt?

☒ YES

4. Date of Receipt

9.22.11

Name & Address

Fifth Third Pac  
550 East Walnut St.  
Columbus, OH 43215

\$ 120.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

320.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

320.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137956

2. Committee Name

Cirdyn Kurkowski Mocer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Thomas Tompor 30702 Freda Warren, MI. 48093	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.26.11</u>	\$ 100.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: John Axe 21 Kercheval Ave Grosse Pointe Farms, MI. 48236	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.28.11</u>	\$ 50.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: Ruth Derringer 27646 Wagner Warren, MI. 48093	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.29.11</u>	\$ 50.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Depty Treasurer</u> Employer <u>City of Warren</u>		Click Here for Memo Itemization	
Business Address <u>One City Square Warren 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: Comerica-PAC P.O. Box 75000 Detroit MI. 48275	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10.3.11</u>	\$ 200.00	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

720.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956  
2. Committee Name Cirolyn Kurkowski Mocer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.3.11</u>	
Name & Address: <u>Mary Clark</u> <u>8681 Edna</u> <u>Warren, MI. 48093</u>		<u>\$ 50.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.4.11</u>	
Name & Address: <u>Doris Cass</u> <u>20813 Albany</u> <u>Warren, MI. 48091</u>		<u>\$ 50.00</u>	<u>\$ 120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.3.11</u>	
Name & Address: <u>Colleen Bucchare</u> <u>29144 Roan</u> <u>Warren, MI. 48093</u>		<u>\$ 50.00</u>	<u>\$ 120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10.4.11</u>	
Name & Address: <u>Huntington Assoc.</u> <u>801 West Big Beaver</u> <u>Troy, MI. 48064</u>		<u>\$ 100.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 250.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

970.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956  
2. Committee Name Curdyn Kurkowski Moceris

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Sandra Hertz</u> <u>4418 Bayberry Ct</u> <u>Warren, MI 48092</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.4.11</u>	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Karen Hertz</u> <u>4782 Brockham Way</u> <u>Sterling Heights, MI 48310</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.4.11</u>	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Mariv Sauger</u> <u>7290 Helen</u> <u>Centerline, MI 48015</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.4.11</u>	\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Warren Professional Firefighters</u> <u>3272 E. 12 mile #107</u> <u>Warren, MI 48092</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10.17.2011</u>	\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 450.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1,420.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956  
2. Committee Name Cardyn Kurkowski Mocer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Joe Debrowsky</u> <u>3519 Dallas</u> <u>Warren, MI. 48091</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.4.11</u>	\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Kathy Voigt</u> <u>11214 Chicago Rd.</u> <u>Warren, MI. 48093</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.4.11</u>	\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Self-employed</u> Business Address <u>Garfield Rd, Clinton Twp</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Christine Tompor</u> <u>30702 Freda Dr.</u> <u>Warren, MI</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9.30.11</u>	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Marsha Miller</u> <u>11139 Olive</u> <u>Warren, MI. 48093</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10.6.11</u>	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

375.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1795.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956

2. Committee Name Carolyn Rutkowski Mocer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.12.11</u>	
Name & Address: <u>Ramie Phillips</u> <u>817 Englewood</u> <u>Rochester, MI 48309</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.4.11</u>	
Name & Address: <u>Joel Vanderlinden</u> <u>7267 Marian</u> <u>Warren, MI 48092</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10.4.11</u>	
Name & Address: <u>Committee for Responsible Government</u> <u>5802 Vincent Trail</u> <u>Shelby Township 48316</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10.4.11</u>	
Name & Address: <u>Patrick Kensicki</u> <u>11408 Hanover</u> <u>Warren, MI 48093</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

2,095.00

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Maceri

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt

10.7.11

Name & Address:

Gary Alessandro  
28135 Grosebeck Hwy  
Roseville, MI, 48066

\$ 100.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

100.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

2195.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 137956  
2. Committee Name Friends of Carolyn Kurkowski Mocerri

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>City of Warren</u> <u>One City Square</u> <u>Warren, MI 48093</u>	Date of Receipt <u>8.24.11</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>100.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal

Grand Total of All Schedules 1A-1  
(Complete on last page of Schedule)

100.00

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137956  
2. Committee Name Carolyn Kurkowski Mocerri

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Office Max</u> Address <u>26475 Hoover</u> <u>Warren, MI. 48089</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9.11.11</u> Date	<u>\$ 105.99</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>Postmaster</u> Address <u>Warren Post office</u> <u>Warren, MI. 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9.14.11</u> Date	<u>\$ 88.00</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>Superior Mail &amp; Print</u> Address <u>27955 College Park</u> <u>Warren, MI. 48088</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9.15.11</u> Date	<u>\$ 160.35</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <u>Gazebo</u> Address <u>31104 Mound Rd</u> <u>Warren, MI. 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10.4.11</u> Date	<u>\$ 711.87</u> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <u>Warren Symphony</u> Address <u>Orchestra</u> <u>Warren, MI. 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10.19.11</u> Date	<u>\$ 60.00</u> Click Here for Memo Itemization Type

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1,120.21

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerri

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Russell's</u></p> <p>Address <u>Macomb Community College</u> <u>12 mile Road</u> <u>Warren, MI 48092</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>BO</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10-15-11</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p><u>\$ 105.00</u></p>
<p>Expenditure #2</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ _____</p>
<p>Expenditure #3</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ _____</p>
<p>Expenditure #4</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ _____</p>
<p>Expenditure #5</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ _____</p>

Subtotal this page

105.00

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1,231.21

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956  
2. Committee Name Friends of Carolyn Kurkowski Mocerì

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Anthony Mocerì</u> <u>8634 Edna Dr.</u> <u>Warren, MI 48093</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-11-07</u> 6. Original Amount of Debt: <u>\$ 1,800.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$</u>	<u>\$ 1,800.00</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Owed to or by: <u>Anthony Mocerì</u> <u>8634 Edna</u> <u>Warren, Michigan</u> <u>48093</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-26-07</u> 6. Original Amount of Debt: <u>\$ 4,000.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$ 5,800.00</u>	<u>4,000.00</u> <input type="checkbox"/> FORGIVEN
---	---	---	--------------------	--

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Owed to or by: <u>Anthony Mocerì</u> <u>8634 Edna Drive</u> <u>Warren, MI 48093</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-30-07</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>6,050.00</u>	<u>250.00</u> <input type="checkbox"/> FORGIVEN
---	---	---	-----------------	--

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

6,050.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

6,050.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerì

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.19.07</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.7.07</u> 6. Original Amount of Debt: <u>\$ 2,000.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.7.07</u> 6. Original Amount of Debt: <u>\$ 3,000.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$	\$ <u>3,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

5,500.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

11,550.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

DEBTS AND OBLIGATIONS  
\_ SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 137956

2. Committee Name Friends of Carolyn Kurkowski Mocer

**This Schedule itemizes:**

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.		4. Type of Obligation (Indicate type and you may assign an expenditure code)		7. Date and amount of each payment		8. Cumulative payment to date on debt		9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.		5. Indicate date debt was incurred 6. Indicate original amount of debt							
Debt #1 Owed to or by: <u>Anthony Mocerri</u> <u>8634 Edna</u> <u>Warren, MI. 48093</u>		4. Type: <u>Loan</u> Code: <u>LO</u> 5. Date Debt Was Incurred: <u>10-30-07</u> 6. Original Amount of Debt: <u>\$ 3,000.00</u>		<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>		<u>\$</u>		<u>\$ 3,000.00</u> <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____									
Amount Endorsed: \$									
Debt #2 Owed to or by: <u>Anthony Mocerri</u> <u>8634 Edna</u> <u>Warren, MI. 48093</u>		4. Type: <u>Loan</u> Code: <u>LO</u> 5. Date Debt Was Incurred: <u>10-31-07</u> 6. Original Amount of Debt: <u>\$</u>		<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>		<u>\$</u>		<u>2,000.00</u> <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____									
Amount Endorsed: \$									
Debt #3 Owed to or by: _____		4. Type: Code: 5. Date Debt Was Incurred: 6. Original Amount of Debt: <u>\$</u>		<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>		_____		_____ <input type="checkbox"/> FORGIVEN	
If bank loan, name of endorser or guarantor: _____									
Amount Endorsed: \$									

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

5,000.00
16,550.00

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137956  
2. Committee Name Friends of Carolyn Kurkowski Mocerl

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>October 4, 2011</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (if any) of the place where the activity was held. <u>The Gazebo</u> <u>31104 mound</u> <input type="checkbox"/> Warren, MI 48092 <input type="checkbox"/> Private Residence
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7. Total Contributions 2,195.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) 2,195.00

10. Total Cost of Event 1,066.21

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.